



REF #  
2700

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/515,239
		Filing Date	March 6, 2000
		First Named Inventor	Ju-Cheon Yeo
		Examiner Name	S. Kumar
		Group Art Unit	2675
TOTAL AMOUNT OF PAYMENT (\$)		1,680.00	Attorney Docket No. 8733.219.0006

RECEIVED

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES					
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	JUN 23 2003					
<input type="checkbox"/> None		Technology Center 2600					
Deposit Account Number: 50-0911							
Deposit Account Name: McKenna Long & Aldridge LLP							
The Commissioner is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments					
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent Claims		--** =		x		=	
Multiple Dependent		--** =		x		=	
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)		0.00			
*or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY		Complete (if applicable)					
Name (Print/Type) Matthew T. Bailey		Registration No. (Attorney/Agent) 33,829		Telephone (202) 496-7643			
Signature		Date		June 17, 2003			
SUBTOTAL (3)		(\$)		1,680.00			